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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/529,934		Filing Date 11/02/2006		To be Mailed
	Al	PPLICATION A	AS FILE (Column 1	SMALL	OTHER THAN SMALL ENTITY OR SMALL ENTITY						
	FOR	NU	NUMBER FILED		NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A		N/A			N/A	
	SEARCH FEE (37 CFR 1.16(k), (i),	or (m))	N/A		N/A		N/A			N/A	
	EXAMINATION FE (37 CFR 1.16(o), (p),		N/A		N/A		N/A			N/A	
	ΓAL CLAIMS CFR 1.16(i))		minus 20 =		*		x \$ =		OR	x \$ =	
	EPENDENT CLAIM CFR 1.16(h))	IS	minus 3 =		*		x \$ =		1	x \$ =	
	APPLICATION SIZE (37 CFR 1.16(s))	shee is \$29 addit	If the specification and d sheets of paper, the app is \$250 (\$125 for small e additional 50 sheets or fi 35 U.S.C. 41(a)(1)(G) ar		ation size fee ity) for each ction thereof.	due See					
Ш	MULTIPLE DEPEN						ł				
* If t	the difference in colu	umn 1 is less than	r "0" in column		TOTAL			TOTAL			
APPLICATION AS AMENDED – PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTIT											
AMENDMENT	12/10/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	PRESE Y EXTE		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	* 2	Minus	** 20	= 0		x \$ =		OR	X \$52=	0
	Independent (37 CFR 1.16(h))	* 1	Minus	***3	= 0		x \$ =		OR	X \$220=	0
	Application Size Fee (37 CFR 1.16(s))										
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0
		(Column 1)		(Column 2		nn 3)			_		
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSI PAID FOR	PRESE		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	*	Minus	**	=		x \$ =		OR	x \$ =	
	Independent (37 CFR 1.16(h))	*	Minus	***	=		x \$ =		OR	x \$ =	
	Application Size Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
* If	the entry in column	1 is loss than the	intry in cal	umn 2 writa "C),, iu colniau 3		TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											

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